

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CARLY FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**KAREN DEIGHAN**

Mailing Address **542 THATCHER AVENUE**

City	State	Zip Code
RIVER FOREST	IL	60305-1625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LOYOLA UNIVERSITY HEALTH SYSTEM**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.255080**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**250.00**

**B. Full Name (Last, First, Middle Initial)**

**RALPH DILLON**

Mailing Address **P.O. BOX 45890**

City	State	Zip Code
MADISON	WI	53744-5890

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**375.00**

**Transaction ID : SA17.254546**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**25.00**

**C. Full Name (Last, First, Middle Initial)**

**JAMES DOUGLAS**

Mailing Address **256 HAGGERTY RD**

City	State	Zip Code
WETUMPKA	AL	36093-1846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

**Transaction ID : SA17.255340**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

**Subtotal Of Receipts This Page (optional)**.....

**375.00**

**Total This Period (last page this line number only)**.....